County: Jefferson BETHESDA DIERKER/OLSON 700 HOFFMANN DRIVE

WATERTOWN 53094 Phone: (920) 261-3050	)	Ownershi p:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	FDDs
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	260	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/01):	263	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	237	Average Daily Census:	237

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/31	1/01)	Length of Stay (12/31/01)	%		
Home Health Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	3.8		
Supp. Home Care-Personal Care Supp. Home Care-Household Services		Developmental Disabilities	100. 0	Under 65	81. 9	1 - 4 lears   More Than 4 Years	11. 8 84. 4		
Day Services	No	Mental Illness (0rg. /Psy)	0. 0	65 - 74	8. 4				
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	6.8	'	100. 0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	3. 0	*********	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0. 0	95 & Over	0. 0	Full-Time Equivalen	t		
Congregate Meals	No	Cancer	0. 0			Nursing Staff per 100 Res	si dents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)			
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	18. 1				
Transportati on	No	Cerebrovascul ar	0.0			RNs	8. 1		
Referral Service	No	Di abetes	0. 0	Sex	<b>%</b>	LPNs	5. 8		
Other Services	Yes	Respi ratory	0.0		i	Nursing Assistants,			
Provi de Day Programming for		Other Medical Conditions	0.0	Male	46. 4	Aides, & Orderlies	74. 8		
Mentally Ill	No		i	Femal e	53. 6				
Provi de Day Programming for			100. 0		j				
Developmentally Disabled	Yes		İ		100.0				
***************************************									

## Method of Reimbursement

		ledicare litle 18			ledicaid itle 19			0ther		]	Pri vate Pay	<b>;</b>		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				237	100.0	166	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	237	100.0
Traumatic Brain In		0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		237	100.0		0	0.0		0	0.0		0	0.0		0	0.0		237	100. 0

Admissions, Discharges, and		Percent Distribution	of Residents'	Conditions	Servi ces	and Activities as of 12/	/31/01
Deaths During Reporting Period		Tereene Diserrbueron	or west defies	condi ci ons	, beivices,	and heer vieres as or 12/	
beachs builing kepoliting lellou	L			% Ne	edi ng		Total
Percent Admissions from:		Activities of	%		ance of	% Totally	Number of
Private Home/No Home Health	72. 3	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	6. 4	Bathi ng	1. 7	4	6. 8	51. 5	237
Other Nursing Homes	2. 1	Dressi ng	10. 5	4	7. 7	41. 8	237
Acute Care Hospitals	2. 1	Transferring	35. 0	3	4. 2	30. 8	237
Psych. HospMR/DD Facilities	0.0	Toilet Use	14. 3	4	6. 8	38. 8	237
Reĥabilitation Hospitals	0.0	Eating	53. 6	2	5. 3	21. 1	237
Other Locations	17.0	*************	******	******	******	*********	******
Total Number of Admissions	47	Continence		% Sp	ecial Treatr	ments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	0.8	Receiving Re	espi ratory Care	3. 4
Private Home/No Home Health	<b>52. 6</b>	Occ/Freq. Incontinent	t of Bladder			racheostomy Care	0.0
Private Home/With Home Health	5.3	Occ/Freq. Incontinent	of Bowel	79. 7	Receiving Su	ucti oni ng	5. 9
Other Nursing Homes	0.0	_			Receiving 0s	stomy Care	0. 4
Acute Care Hospitals	0.0	Mobility			Recei vi ng Tı	ube Feeding	9. 7
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	0.8	Receiving Ma	echanically Altered Diets	62. 0
Reĥabilitation Hospitals	0.0	İ			Ü	· ·	
Other Locations	29.8	Skin Care		0t	her Resident	t Characteristics	
Deaths	12.3	With Pressure Sores		0. 8	Have Advance	e Directives	3. 0
Total Number of Discharges		With Rashes		11.8 Me	di cati ons		
(Including Deaths)	57	ĺ			Receiving Ps	sychoactive Drugs	19. 4

	This Facility		DD ilities	Faci		
	%	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	90. 1	84. 6	1. 07	84. 6	1. 07	
Current Residents from In-County	5. 1	41. 3	0. 12	77. 0	0. 07	
Admissions from In-County, Still Residing	2. 1	17. 0	0. 12	20. 8	0. 10	
Admissions/Average Daily Census	19. 8	18. 6	1. 07	128. 9	0. 15	
Di scharges/Average Daily Census	24. 1	22. 2	1.09	130. 0	0. 18	
Discharges To Private Residence/Average Daily Census	13. 9	9. 4	1. 49	52. 8	0. 26	
Residents Receiving Skilled Care	0. 0	0.0	0.00	85. 3	0.00	
Residents Aged 65 and Older	18. 1	15. 8	1. 15	87. 5	0. 21	
Title 19 (Medicaid) Funded Residents	100. 0	99. 3	1. 01	68. 7	1.46	
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 0	0.00	
Developmentally Disabled Residents	100. 0	99. 7	1.00	7. 6	13. 19	
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0.00	
General Medical Service Residents	0. 0	0. 1	0.00	19. 4	0.00	
Impaired ADL (Mean)*	<b>57. 0</b>	50. 6	1. 13	49. 3	1. 16	
Psychological Problems	19. 4	46. 6	0. 42	51. 9	0. 37	
Nursing Care Required (Mean)*	11. 8	11.0	1. 07	7. 3	1.60	